



---

## **TREATMENT OF PATIENTS WITH AIRBORNE INFECTIONS AND TRANSPORT RECOMMENDATIONS**

---

### **PURPOSE**

To establish a policy for transportation of patients with suspected or known airborne infections within the ICEMA region.

### **AUTHORITY**

California Code of Regulations, Title 8, §5199. Aerosol Transmissible Diseases.

### **FIELD ASSESSMENT/TREATMENT INDICATORS**

#### **Signs and Symptoms (may include)**

1. Fever > 100°F (37.8 C).
2. Runny nose, cough, sore throat (or any combination).
3. May or may not have gastrointestinal symptoms.

### **PROCEDURE**

#### **Patient Care**

1. Treatment for a symptomatic individual who is a confirmed case or a suspected case of infectious disease is supportive based upon assessment findings.
2. IV fluids and appropriate medications are to be initiated per established protocols.
3. Exacerbation of underlying medical conditions in patients should be considered, thoroughly assessed and treated per established protocols.

#### **Infection Control of Ill Persons During Treatment and Transport**

1. EMS personnel should incorporate rapid assessment of potential infectious environment into their scene survey/safety and maintain an index of suspicion for infectious disease when a patient with signs/symptoms consistent with the case definition(s) is encountered.
2. Personal Protective Equipment (PPE) must be immediately accessible and employed by all EMS providers who come into close contact with ill and/or

- infectious patients as outlined in the California ATD Standard. This would include the driver in vehicles with open driving compartments particularly when the patient is receiving aerosolized treatment.
3. All required care should be provided to the patient(s) as indicated by protocol(s).
  4. Patients with suspected or confirmed case-status should be transported as warranted by assessment findings. All patients in acute respiratory distress will be transported. If transport is initiated, symptomatic patients should not be transported with non-symptomatic patients. The patient should be accompanied by a single attendant during transport to limit exposure unless patient treatment needs dictate otherwise.
  5. After thorough assessment and attention to the patient's respiratory status, the patient should be encouraged to wear a surgical mask if it can be tolerated or oxygen mask if indicated. Close monitoring of the patient's respiratory status is required at all times during treatment and transport.

#### **Specific EMS Personal Protective Equipment Standards and Transport Recommendations**

1. For EMS personnel treating and/or transporting a patient that meets the case definition of infectious respiratory disease, protection must include wearing a fit-tested N95 respirator (or higher), disposable gloves and eye protection (face shield or goggles).
2. The ambulance ventilation system should be operated in the nonrecirculating mode, and the maximum amount of outdoor air should be provided to facilitate dilution. If the vehicle has a rear exhaust fan, use this fan during transport. If the vehicle is equipped with a supplemental recirculating ventilation unit that passes air through HEPA filters before returning it to the vehicle, use this unit to increase the number of Air Changes per Hour (ACH). Air should flow from the cab (front of vehicle), over the patient, and out the rear exhaust fan. If an ambulance is not used, the ventilation system for the vehicle should bring in as much outdoor air as possible, and the system should be set to nonrecirculating. If possible, physically isolate the cab from the rest of the vehicle, and place the patient in the rear seat.<sup>1</sup>
3. Clean hands thoroughly with soap and water or an alcohol-based hand gel before and after all patient contacts.
4. All equipment and surface areas should be thoroughly decontaminated with an anti-bacterial cleaner following each patient contact.

<sup>1</sup> Centers for Disease Control, *MMWR* December 30, 2005 / 54(RR17);1-141